

# TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

STD. 262 (REV. 10/92)

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CLAIMANT'S NAME Matthew David		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Chief of Staff		CB/ID NUMBER		DIVISION OR BUREAU Communications	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento		STATE California		ZIP 95814	

MONTH/YEAR 5/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
6-May	5am	SMF > LAX		6.00				215.35			0.00		221.35
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	6.00	0.00	0.00	0.00	215.35	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												218.62	\$221.35

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 Staff Bay Area Council; Staff Small Biz Conference; Staff Medals of Service

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 241032

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL	DATE
			5/18/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE